



**Deferred Presentment Company
License Renewal Application**

For Year August 1, 2007 through July 31, 2008

****Time Sensitive****

The renewal application must be completed and submitted to the Department on or before June 30, 2007. Licenses for the new license year will be mailed on or about August 1, 2007. The Department cannot accept renewal applications after June 30, 2007, no exceptions. License renewal applications not received by June 30, 2007 will be closed for non-renewal on July 31st.

The Department does not offer photocopy or notary services.

Financial Statement: A financial statement prepared in accordance with GAAP is required in order to process the renewal application. Licensees who are unable to file the financial statement with the renewal application may include a letter requesting an extension of time to file the statement. If the Superintendent grants the extension the financial statement must be submitted on or before **August 31, 2007**. If the financial statement is not received by that date, the license may be revoked by the Department. The financial statement must contain information relating to the licensee's financial condition for the twelve month period ending the previous December 31.

NOTE: The extension provision applies only to the financial statement.

We require a current (May 1, 2007 or after) **"Certificate of Good Standing" from the Arizona Corporation Commission** with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ www.cc.state.az.us to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate.

Minimum Net Worth Requirement of at least fifty thousand dollars in cash or cash equivalents is required to renew the license.

A **Statement of Fees Charged** (both in **English** and in **Spanish**) for every licensed location must be included with your renewal. Each statement shall list the license number and physical address of each licensed location. Refer to A.R.S. §6-1257(A)(3)(4). If the fees charged are the same at each location, one statement can be submitted for all locations.

The license renewal fee of **\$400 for the principal Arizona office location** and **\$200 for each Arizona branch** location must be submitted with the renewal application.

Make payable to: Arizona Department of Financial Institutions of AZDFI

**Mail to: Arizona Department of Financial Institutions
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018**

If the licensee's name and/or address has changed, complete the Address and/or Name Change Application and submit these changes with your renewal. This form is located at http://www.azdfi.gov/Licensing/Forms/DPC_Add_Name_Chg_Application.pdf



Deferred Presentment Company License Renewal Application

License Year August 1, 2007 Through July 31, 2008

This Application Must Be Completed By Typewriter Or Legibly Printed

Do Not Leave Blanks – If Not Applicable Use “None” or “N/A”

Make Additional Copies Of Any Page Or Attach A Separate Sheet If Addition Space Is Necessary

1. Primary Address:

License Number: DPC	Name:		
DBA Name: (If applicable)			
Address:		City:	State: Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:	

2. Mailing Address if different from the above licensed primary address:

Physical Address:		E-Mail Address:	
City:	State:	Zip Code:	Telephone Number: FAX Number:

3. Corporate HQ Address if different from the above licensed primary address:

Company Name:		
Address Line 1:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	

4. List the Top (5) officers/directors of the company. State the name and business information of each of the applicant's executive officers, directors and controlling persons. List the official capacity of each person and the number of years such person has been engaged in the Deferred Presentment Company business.

a. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
b. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
c. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
d. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
e. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business

5. Current Ownership. If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%



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6. **Control.** List all persons who have the power to vote more than 25% of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

7. List branches you are renewing. Use separate sheet if necessary. Do not include your principal place of business (shown above) as a branch location. (This applies to branch locations in Arizona. Ex. DPC **BR**-1234567)

a. Address				License #: DPCBR-
City:	State:	Zip Code:	Telephone #	
b. Address				License #: DPCBR-
City:	State:	Zip Code:	Telephone #	
c. Address				License #: DPCBR-
City:	State:	Zip Code:	Telephone #	
d. Address				License #: DPCBR-
City:	State:	Zip Code:	Telephone #	
e. Address				License #: DPCBR-
City:	State:	Zip Code:	Telephone #	

8. Does licensee meet the **Minimum Net Worth Requirement** of having at least fifty thousand dollars in cash or cash equivalents?

Yes ☐ No ☐

9. **Since the license was issued** (07/01/06 to 06/30/07) or since the last renewal (6/30/06) has the applicant or any **executive officer, director, shareholder, partner, trustee, employee or any other interested party**;

- a. been convicted in any jurisdiction of any felony or other crime that involved breach of trust or dishonesty? Yes ☐ No ☐
- b. had an order entered against him/her by an administrative agency of any jurisdiction and the order is based on conduct that involves fraud, deceit or misrepresentation? Yes ☐ No ☐
- c. had a financial judgment ordered against him/her in a civil action based on fraud, deceit or misrepresentation? Yes ☐ No ☐
- d. filed bankruptcy within the past ten years? Yes ☐ No ☐

NOTE: If you answered YES to any of the above (9. a through d), you MUST furnish complete details on a separate sheet and submit with this renewal application.

10. Have you enclosed a copy of the current "Certificate of Good Standing" from the Arizona Corporation Commission? Yes ☐
☐ No Write NA if this does not apply to your business type _____.

11. License Compliance Officer to whom inquiries on deficient renewal application can be directed.

Name:		Title:		E-Mail Address:	
Direct Telephone Number & Extension:			FAX Number:		
Business Address:			City:	State:	Zip Code:

**Deferred Presentment Company
License Renewal Application****AFFIDAVIT****“MUST” be signed by an OWNER or OFFICER of the company and NOTARIZED**STATE OF _____)
) ss
COUNTY OF _____)

I (print Owner or Officer name) _____ being duly sworn, depose and say that I have signed the foregoing application as (print your title) _____ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

(Date)_____
(Owner or Officer Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

My Commission Expires_____
(Notary Public Signature)



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Corporate Financial Statement

Section 2

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License #: DPC _____ Name: _____

DBA name (if applicable): _____

Every "TOTAL" line must have a total amount entered. Total Assets and Liabilities MUST EQUAL.

Financial Conditions At Close Of Business (not older than 12/31/6) On _____ / _____ / _____ (MO/DAY/YEAR)

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	TOTAL LIABILITIES	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____



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CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold \$
 As Guarantor or Endorser for \$
 For Merchandise Consigned by Suppliers \$
 Otherwise (describe) \$
 Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$
 To whom?
 With Recourse? Yes ☐ No ☐

COMMITMENTS:

Approximate Purchase Commitments \$
 Approximate Unfilled Orders on Hand \$
 Describe any other unusual commitments

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

OPERATING RECORD FROM ____/____/____ (DATE) TO ____/____/____ (DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period \$
 Cost of Goods Sold \$
 Gross Profit \$
 Selling Expense \$
 Administrative Expense \$
 General Expense \$
 Total Operating Expense \$
 Operating Profit \$
 Other Income \$
 Total Income \$
 Other Deductions \$
 Federal & State Income Tax \$
 Total Deductions \$
 Net Profit \$

Reconciliation of Surplus:

Surplus at beginning of period \$
 Net Profit \$
 *Surplus Credits \$
 Total \$
 Dividends Paid \$
 *Surplus Debits \$
 Surplus as of this statement date \$

*If Surplus Adjustments involve important transactions please give details below:

Total Depreciation and Amortization included in above statement \$
 Deductions for Bad Accounts included in above statement \$
 Salaries to Executive Officers included in above statement \$

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



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RENTAL: Does company rent? Yes ☐ No ☐
 Present monthly rental paid \$ _____
 Date of expiration of lease ____ / ____ / ____

CORPORATE INFORMATION: Under laws of what state are you incorporated? _____
 Are all franchise taxes current? Yes ☐ No ☐
 Are you authorized to do business in Arizona? Yes ☐ No ☐
 Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value \$ _____
 Year last div. paid _____ Annual rate if established \$ _____ No. of authorized pfd. shares _____
 Outstanding _____ Par value \$ _____ Dividend preference \$ _____ Cumulative? _____
 Div. Pd. to _____
 Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance:		Liability Insurance:	
On Merchandise	\$ _____	Public Liability on Owned Autos	\$ _____
On Mach'y, Equipt. and Fixtures	\$ _____	Property Damage on Owned Autos	\$ _____
On Buildings	\$ _____	P.L. and P.D. on Non-owned Autos	\$ _____
		Building & Elevator Pub. Liab.	\$ _____

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins. ☐ Steam Boiler ☐ Auto Fire, Theft ☐ Business Interruption ☐ Products Liability
☐ Riot and Strike ☐ Auto Collision ☐ Workmen's Comp ☐ Robbery or Burglary ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No
 Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis _____ %
 Is any insurance on a monthly reporting basis? ☐ Yes ☐ No
 Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.



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SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____
 Are taxes delinquent on any of your properties? ____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____
 Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. _____

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (BELOW MUST BE COMPLETED)

My telephone number is: _____ and my fax # is: _____

Date: _____ Title: _____ Print Name: _____ Signature: _____